
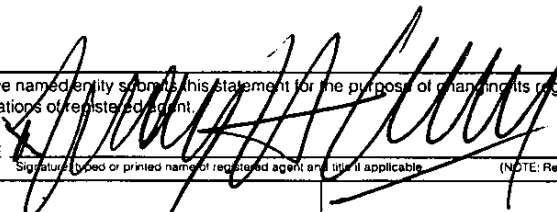
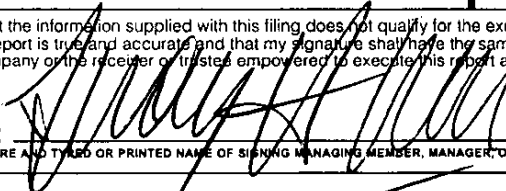


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

| | | | | | |
|--|---|--|---|---|---|
| DOCUMENT # L05000065717 | | | |  | |
| 1. Entity Name CTS 2005 LLC | | | | | |
| Principal Place of Business 1835 MAIN ST. SUITE 101 WESTON, FL 33326 | | | Mailing Address 1903 SILVERBELL TERRACE WESTON, FL 33327 | | |
| 2. Principal Place of Business 2655 LeJeune Rd. | | | 3. Mailing Address 2655 LeJeune Rd. | | |
| Suite, Apt. #, etc. # 507 | | | Suite, Apt. #, etc. # 507 | | |
| City & State Coral Gables, Fl. | | | City & State Coral Gables | | |
| Zip 33134 | | Country USA | | Zip 33134 | |
| Country USA | | 4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | 04122006 Chg-LLC CR2E083 (11/05) | |
| 6. Name and Address of Current Registered Agent SOL DEVELOPMENT GROUP LLC 1903 SILVERBELL TERRACE WESTON, FL 33327 | | | 7. Name and Address of New Registered Agent Name Juan Vicente Urdaneta Street Address (P.O. Box Number is Not Acceptable) 2655 LeJeune Rd. # 507 City Coral Gables FL Zip Code 33134 | | |
| 8. The above named entity sponsors this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE  | | | DATE 4/13/06 | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SOL DEVELOPMENT GROUP LLC 1903 SILVERBELL TERRACE WESTON, FL 33327 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE:  | | | Juan Urdaneta, Esq. Auth Rep 413106 305-728-1319 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE | | | Date Daytime Phone # | | |

FILED

2006 APR 21 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

